

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS							*	*	*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8		3					58					
9		3					59					
10		3					60					
11		3					61					
12		2					62					
13		2					63					
14		2					64					
15		2					65					
16		2					66					
17		2					67					
18		2					68					
19		2					69					
20		2					70					
21		2					71					
22		2					72					
23		2					73					
24		2					74					
25		2					75					
26		2					76					
27		2					77					
28		2					78					
29		1					79					
30		1					80					
31		1					81					
32		1					82					
33		1					83					
34		1					84					
35		1					85					
36		3					86					
37		2					87					
38		2					88					
39		2					89					
40		2					90					
41		2					91					
42		2					92					
43		2					93					
44		2					94					
45		2					95					
46		2					96					
47		2					97					
48		2					98					
49							99					
50							100					
TOTAL IND.	6						TOTAL IND.					
TOTAL DEP.	106						TOTAL DEP.					
TOTAL CLAIMS	112						TOTAL CLAIMS					

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